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## \*BIBDATASHEET\*

CONFIRMATION NO. 8296

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/586,479	<b>FILING OR 371(c) DATE</b> 06/01/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 15280-414000US
<b>APPLICANTS</b> Alexander C. Schmidt, Berlin, GERMANY; Mario H. Skiadopoulos, Potomac, MD; Peter L. Collins, Kensington, MD; Brian R. Murphy, Bethesda, MD; Jane E. Bailly, Mountain View, CA; Anna P. Durbin, Takoma Park, MD;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/143,134 07/09/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/31/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 83
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 6		
<b>ADDRESS</b> 33883				
<b>TITLE</b> ATTENUATED HUMAN-BOVINE CHIMERIC PARAINFLUENZA VIRUS(PIV) VACCINES				
<b>FILING FEE RECEIVED</b> 3748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	